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Medicine, Surgery, and the Collateral Sciences.

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Vol. XIV

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THE ❖ CALIFORNIA * MEDICAL * JOURNAL. ❖

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Vaginal Hysterectomy.

BY W. B. CHURCH, M. D. Oakland, Cal.

The superiority of modern surgical methods is well illustrated by the fact that in a collection of twenty-five of the earlier cases of hysterectomy twenty-two died. Later, Freund reduced the mortality to 71 per cent. At the present time a mortality of over 5 per cent would be regarded as excessive.

The operation has been resorted to in most instances for the cure of cancer of the cervix and body of the uterus; occasionally also for procidentia, and for endometritis, and retro-displacements. Doubt may well exist as to the justifiability of so serious an operation in any of these latter conditions, but it has become established as the proper procedure in malignant disease in all cases in which the disease is

still confined to the uterus. A neglected laceration of the cervix offers a favorable nidus for the introduction and development of cancer germs. The uterus is therefore more often invaded than any other organ. It is extremely probable also that cancer is primarily a local disease, and can be radically cured if attacked in its earliest stages. In no other location can we operate with better hopes of permanent cure; and since the operation can now be done with so little immediate risk, we shall be able to save many lives that a few years ago would have been doomed to a miserable death.

First of all in importance is it that physicians should be on the alert to detect the presence of malignant disease in this locality.

Cancer of the cervix is, of course, easier to diagnose; but in as much as there is ordinarily but little pain in the earlier stages, many cases become too far advanced before a physician is consulted. When the body of the uterus is affected the pain is much more severe, and in the majority of cases also, there is profuse menorrhagia, which is soon accompanied with a fetid watery discharge. Bi-manual examination discloses the uterus enlarged, hard and sometimes nodular. The pain is an early symptom, and is severe and paroxysmal like labor pains. If the sound is used it provokes increased pain, tenismus, and hemorrhage. Constitutional disturbance and cachexia appear much sooner than in cancer of the cervix. The results however so far as permanent cure is concerned are better when the fundus is the seat of the disease. Menorrhagia at or near the climacteric ought always to prompt investigation, particularly if accompanied by pain.

A considerable diversity in the technique of the operation is indulged by different surgeons. All agree in the necessity of thoroughly washing and disinfecting the genitalia and vagina as preliminary thereto. Some open first through Douglas' *cul de sac*, others through the anterior cervico-vaginal junction. Some use long clamp forceps to control hemorrhage, leaving these attached to the stump of the broad liga-

ments. Others ligate these ligaments either in mass or in sections, using for ligatures either silk or cat-gut. Some evert the uterus after severing the vaginal connection, to more readily get access to the appendages and broad ligaments. Some operators close the vault of the vagina with sutures after removal of the uterus. Others leave it open to close by granulation. When clamps to the broad ligaments are depended upon to control hemorrhage, of course the wound cannot be closed. As the result of my own experience, which is limited to six cases, a method has been adopted which can be best illustrated by a report of a recent case.

Mrs. A. aged 43, mother of three children, youngest eight years of age, had suffered for some months from hemorrhage offensive discharge, and increasing debility. She had long been in the habit of doing the medical business of her family herself, but by the advice of a friend was induced to consult our Prof. Webster, who, upon examination, discovered plain evidence of epithelioma of the cervix, and referred her to me for treatment.

Upon her arrival at the Sanitarium she was placed upon milk porridge diet, bowels thoroughly emptied with laxatives and enemas. After four days exclusive confinement to milk porridge, the bowels are quite empty and contain very little intestinal gas. This diminishes the risk of a fold of intestine protruding during operation, and is besides of great advantage in the after treatment when it may be necessary to keep the bowels confined, and all the parts at rest for several days. As a further preparation the patient was scrubbed well with soap and water, pubic hair removed, the abdomen, genitalia and vagina douched with 1 to 2000 corrosive sublimate solution. An effort was then made to secure asepsis of operating room, instruments, and hands of surgeon and assistants.

The first steps of the operation consisted in removing with scissors the diseased portion of the cervix, really amputating the cervix, thoroughly cauterizing the wound, then filling

the cavity with sublimate gauze, over which the edges of the wound were stitched so as to leave no traumatic surface exposed. The instruments thus far used were then removed from the room, the field of operation sponged with 1 to 1000 sublimate solution and afterward douched with sterilized water. We now seize the stump with the vulsellum, and dragging the uterus well down, with sharp pointed scissors, divide the vaginal attachment along the anterior portion of the cervix, depressing the part with vulsellum, and carefully avoiding ureters; then raising the cervical stump well up under the pubes, with the same scissors enter Douglas' cul-de-sac, and sever the vaginal connection; leaving intact a space on each side about four lines in width. A silk ligature is thrown round these to prevent hemorrhage, when they also are separated close to the cervix which is now completely girdled. An opening is now made through the posterior peritoneum, and enlarged by tearing or stripping it from its cervical attachment, and two fingers of the left hand are passed over in front of the uterus, to serve as a guide for entering the peritoneal cavity in front. Here also the peritoneum is stripped from its attachments as far as the broad ligaments on either side, (also with the fingers,) when using the left forefinger as a guide, a perineum needle armed with cat-gut is passed through the base of the broad ligament on each side, taking care to include the uterine sacral ligament, to secure the uterine artery, this portion is now cut away close to the uterus on each side, when the uterus can be drawn down further and in the same way the remaining portion of the ligaments is sutured and cut away allowing the uterus to be delivered.

Afterward the vesical and rectal edges of the peritoneum are united with cat-gut sutures, and finally the vault of the vagina is also closed in the same manner, unless from some cause it may be thought necessary to leave an opening for drainage, which is seldom necessary. Considerable shock follows the operation which is probably due to pressure up-

on the nerves by ligatures in broad ligament. Pain is such that a hypodermic of morphia is necessary. The after-treatment is mainly directed to relief of the nausea and prostration. It is better to with-hold all food and drink for 36 to 48 hours. If pain or peritonitis occurs at any time after the first day, it is best to relieve with hot fomentations. This patient made a good recovery.

While the application of clamps to the broad ligaments can be more easily and quickly done, their presence in the vagina for 48 hours is a serious objection and annoyance to the patient; and by preventing closure of the vault leaves the peritoneal cavity exposed to infection, often entailing suppuration and tedious convalescence. The tendency at present is to dispense more and more with drainage. In abdominal surgery the aim is to secure all bleeding points, and remove all blood clots, using animal ligatures, and, by withholding fluids for three or four days after an operation, depend upon the peritoneum to absorb all serous exudation.

Every physician of extended experience knows what it means for a woman to suffer and die from uterine cancer. He will appreciate as a substantial and most important gain, any method by which any of the unhappy victims may be rescued.

Specific Medication.

BY H. T. WEBSTER, M. D.

Many ask too much of specific medication. They demand more of it than its most ardent admirers and advocates expect. It should be remembered that it is not claimed that the present possibilities of this doctrine afford a practice free from errors and always successful. Nobody but its opponents have ever advanced such an idea. The most that the rational advocate of specific medication will claim for it, is, that it is an improvement upon older doctrines as to therapeutic

adaptation, and that it continually—if its teachings are observed—leads toward a better and more successful practice. This is more than can be said of the older plans, which inclined their followers to a condition of satisfaction with what was already known—to a condition of mental torpor and security not warranted by results, but very satisfactory to the practitioner, for, there being only the orthodox way, if a patient died on his hands no one could question the treatment. Well it is for the world that orthodoxy has received its death blow in many quarters. Orthodoxy has committed many a murder both in and out of medicine.

Compare the methods of the past with those of the present, and ask yourself if you would exchange the present safe, pleasant, positive plan of specific medication for those that prevailed prior to its time. I will not dwell upon the emetocathartic use of podophyllum for hepatic troubles and other complications of disease, nor to other unscientific and superstitious applications of drugs made by early Eclectics in imitation of allopathic methods, for the less said about them the better, even though they resulted in a better showing in results than the practice of the old school. Dr. Wohlgemuth, of Springfield, Illinois, a veteran Eclectic, but admirer of modern methods, relates some of his early experience in illustration of the beauties of the old methods, and I will quote a few extracts from his article, which may be found complete in the last volume of Transactions of the National Eclectic Medical Association—an organization, by the way, to which every eligible reader of this article should belong.

“The practitioners of the old school, sometimes called allopaths, and styling themselves ‘regulars’, invariably, in those days, bled the patient, the first thing. No matter whether the case was inflammatory fever, or congestive chill, sciatic rheumatism or neuralgia of the head or face, a man or woman of two hundred pounds or a skinny mortal weighing but eighty or ninety, the patient was bled. Then came salivation; blue mass or calomel was the remedy employed, followed by

turpentine mixtures, castor oil, or 'salts and senna'. These regular doctors would salivate their patients so that the tongue would be swollen and protrude from the mouth. I have seen a wooden bucket set before the sufferer to catch the overflow from the lips.

"I was determined, when I commenced practice, to oppose this blood-letting and mercurializing. I was young and had little experience; the opposition was very strong, but I lived to see the day when all that has become a thing of the past. The noble men who began the conflict and fought this good fight have won the victory. Eclectic practitioners of to-day have the right to look over the field of the past, and pride themselves over their achievements.

"To show the enormity of the old practice and the way that the sick were treated I will cite a case: In the year 1847, I was called to the country, twelve miles out—Springfield was then but a town, and the region about it but thinly settled. The inhabitants, many of them, lived in cabins, and built them at the border of woodland. I was but young and had had but a few years' professional experience. I was called to see a lady, in consultation with a practitioner of the old school. I arrived late in the afternoon and found him waiting. He was about ten years my senior.

"The patient had given birth to a child four days before—the first one. The labor had been somewhat tedious, but not otherwise difficult. She had contracted a cold, which resulted in puerperal fever. The bowels were much swollen and very tender; the pulse was rapid and wiry; tongue heavily coated; there were low mutterings, and she could be aroused with difficulty. It was evident to me that there was no chance for anything; death was inevitable. I gave my judgement to that effect and politely inquired of the doctor what he had been doing in the way of treatment. His statement impressed itself so deeply upon my mind that I have never forgotten it. This was his reply:

"I gave the last dose about noon; quinine ten grains, cal-

omel ten grains, opium one grain, sulphate of morphia half a grain; all in one dose.'

'I simply remarked: 'That fixes it. She will be dead before the dawn of another day.'

"Without another word he mounted his horse and rode away. It was late and I remained over night. The patient died at about four o'clock in the morning.

"That may have been good practice in that day; but dare any one say that it is good practice now? Wonderful changes have taken place in the healing art; a better way has dawned upon the medical profession."

Now heed the words of this veteran of more than forty-six years of experience and observation. "Our practitioners have made great changes in the way of administering medicines. They have certain remedies for certain ailments; they are not only certain but many of them are specific in their action. Prof. John M. Scudder, the original advocate of specific medication has lived to see his doctrine verified, and it has come to stay. To him is due in a great measure that physicians of the Eclectic school are fast gaining favor with the sick, and with the public in general. The success that follows tells in favor of the mode of practice. The medicines given are not repulsive to the senses, and are almost to a certainty specific in their action."

So much then for the testimony of a man who has been a close observer of the times for nearly half a century, practicing in a city of considerable size and situated so as to possess excellent opportunities for comparison of various methods of treatment.

But, it may be argued that this illustration does not do the practice of medicine current among Eclectics as it prevailed at the time specific medication was announced, justice. This may be granted, but it is safe to assert that there was much crudity and unreliability about it, nevertheless. I know something about the old Eclectic practice myself. While I was a student, Professor Scudder was beginning to preach his spec-

ific medication crusade. It attracted little attention in those days, and the old methods were in vogue. I was a constant observer of the practice, and results of a large practice, under old Eclectic methods as taught by Morrow, Jones, Hill, Baldridge, Buchanan (J. Rhodes) and others of the earliest and best men of our school in their times—a practice in which specific medication as practiced to-day cut no figure—and I am able to know by comparison how infinitely superior the later methods—methods of specific medication are.

During this time I saw a baby sister stricken with cholera infantum and die a lingering death after three weeks of awful suffering, going down day after day, though nature struggled hard for her life, while neutralizing cordial tinctured with various stimulants and astringents was faithfully tried, and assisted by the use of starch and laudunum injections, until successive periods of rallying from almost fatal narcotism made us nearly pray many times, that the last moment might come soon.

And now, when I look back on my own experience—for I have treated many a case of cholera infantum apparently as bad if not worse than this one with never a mortality, and when I am able to make many another comparison fully as striking—it disgusts me to listen to carpings and innuendoes from Eclectics directed toward specific medication.


Professor Howe's opposition to specific medication has done something to make such a course popular, but even this eminent writer was a specific medicationist. He might have objected to the name, but his latest studies in therapeutics were all in this direction. And when he began such study he began for the first period in his professional career to better the condition of the therapeutics of his school and himself. These are matters of record and require no argument for proof. His use of thuja, prompted by a perusal of Hughes' Manual, probably, was directly in this line, though he kept up his opposition, meantime, to specific medication. The only therapeutics that he taught worth while were directly

in this line. His sulphate of magnesium for dysentery, his logwood for diarrhoea, apiol for dysmenorrhœa, and possibly one or two other direct remedies constituted the best portion of his therapeutic knowledge, and all in the line of specific medication. But he could not, with all his erudition, shake off all the old superstitions of his early education. His knowledge of physiology taught him that the bowels were not excretory in their functions, and yet the old dogma that they must be purged clung to him. His proclivity for mild purgatives was proverbial, and his students retain vivid recollections of his partiality for crab orchard salts and sulphur, though he himself could give no rational excuse for prescribing them.

Specific medication is a rational plan of therapeutics. It is based upon adherence to the processes of life, and seeks to adapt means to rational ends. It demands that the prescriber shall possess a knowledge of physiological processes, and that this knowledge shall be called into use in adapting remedies to the organism. It demands this, not only that remedies may be properly applied, but that they may be so adapted as to avoid injurious effects to the system as well. Two vital matters are thus comprehended: The furthering of vital function, and the avoidance of injury to the system. What other doctrine in medicine has forcibly taught these ideas as cardinal ones? And yet they are the important ones as all must admit.

Referring to Dr. Brook's treatment of Gonorrhœa, as set forth in the August JOURNAL, I have cured cases, when brought to me fresh, by injections of aqua distillata, hot, three times a day. Cure perfect in ten days. For fresh cases I would as soon use this, with strict cleanliness, as strong drugs.

W. C. FIELDS, '93

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After Pains.

BY D. MACLEAN, M. D.

After pains are not always physiological, and in a great measure may be avoided if labor is properly managed. It is held by many that they are necessary for the promotion of the involution of the uterus. Such a proposition is hardly tenable. With rare exceptions, they are absent after first delivery. As a general rule it is only the multipares who suffer. This is owing to the fact that with succeeding pregnancies, the uterine muscular fibres have lost a certain portion of their active tonicity. Cases in which the uterus has been over-distended by a large child, plurality of children, or excess of liquor amnii are more liable to after pains.

The only physiological after pains are those produced by the nursing of the infant, and they cause but little distress. The real cause, is the lack of retraction of the uterus, permitting the formation of clots, which excite the organ to contraction accompanied by pain. The primipara does not suffer, because the tonicity of the uterus is not impaired, and retraction is perfect.

Whatever promotes retractility, and firm contraction of the uterus, is the proper method to pursue to prevent after pains. The use of quinine during labor gives tone to the organ and promotes retraction. The delivery of the placenta by expression, Crede's method, causes firm contraction, and expels all clots.

If, after the delivery of the placenta, firm compression is kept on the uterus, and the formation of clots prevented, after pains would cause but little trouble. The compression should be made by the hand the same as in the delivery of the placenta, followed by the application of a binder and compress.

Where after pains do exist, and morphia can be tolerated I prefer it to other agents. It may be used hypodermically, by the mouth, or suppository. Chloral, bromide of potas-

sium and gelsemium have the desired effect as far as the pains are concerned, but I believe they interfere more with the involution of the uterus than morphine.

Tablets or Tinctures, Which?

BY JOHN FEARN, M. D., Oakland, Cal.

The pharmacist has done so much for us in giving us definite and reliable medicine, in elegant and often pleasant form, that the profession are continually on the stretch for more.

But let us be careful that we do not push this matter beyond the practical and reasonable. Our fathers ate bread that to the eye was coarse, and sometimes not inviting, but it was sweet, and you could not doubt its power to nourish, it could indeed be called the staff of life.

But the mechanic and the miller invented improved apparatus for grinding and bolting, the baker did his best, and what a change! It does not look much like the old staff of life; the consumers applauded their efforts and cried out for yet more elegance, and the manipulators gave it, till now we have the genuine snow flake; how white, how clean, how appetizing it looks.

But how has this whiteness been purchased? I hesitate not to say, it has been purchased at the expense of the nourishing properties of the bread. The bread of the fathers would sustain life, but the emasculated bread, the pride of the bread maker to-day, if fed to a dog, with no other food, would cause it to die of starvation.

It is a serious matter to lower the standard of bread, but we do not live on bread alone, and we affirm that it is a much more serious matter to lower the standard of medicines than it is that of bread.

These thoughts have arisen in my mind, from the outcry for specific medicines in tablet form. I must say, I am a liberal

user of medicine in this form. I have long used the tablets of Wyeth, Kilgour and Luytile, and have been pleased with them. But my tablets have been composed of alkaloids, and such salts and vegetable extracts, as have a character for stability. Such tablets are convenient, clean and very exact; but when it comes to putting our specific tinctures in tablet form, I would say, be careful.

Take any one of our well-known medicinal plants (at its best), tincture it with alcohol of proper strength, then taste and smell the finished product, and by these tests you at once recognize the drug, in a large percentage of cases.

Now take this same tincture, evaporate the alcohol, and the resultant extract in many cases is very unstable, it needs the preservative properties of the alcohol—often there is neither smell nor taste to recall the drug. Now whether you evaporate to a dry extract before you add the sugar, or whether you medicate the tablets with the tincture and then let them dry out, it is all one; you lose the spirit which holds the subtle, soul-like essence of the plant, and many times I believe it is this illusive principle which the physician wants in his fight with disease.

How many times has the student of Scudder seen in the sick man the indications for aconite, gelsemium, rhus tox, viburnum, etc. He has gone to his case and taking therefrom a few drops of the indicated specific medicine, adding it to water, given his instructions, and gone away having no doubt in his mind that the remedy would bring relief.

But substitute specific medicine tablets, and I must say, from their perishable nature, I would be afraid they would be found wanting. To my friends who are contemplating this change, I would say, don't do it just yet. In the future, that Wizard in pharmacy, J. W. Lloyd, may have something for us better than specific medicines in tincture form, and I believe when he has, he will give it to us. Till then, I am willing to wait. The reputation of our successful men, has been built upon the sterling quality of these speci-

fic medicines. What is the good of a careful diagnosis if you have poor medicines to work with? You will fail in spite of your diagnosis.

Does some objector say, that my talk about the subtle, soul-like essence of these drugs, is all fancy and chimera; and if that is all my objection to the tablet, it is worthless?

Let me say, in conclusion, I have quite a number of objections, but I will briefly call attention to but three:

1st. I affirm that when the spirit from these medicines is evaporated, it takes away the finer, evanescent properties of the drug.

2nd. Some of our specific medicines contain considerable quantities of oil or fatty matter; when the spirit which held this oil in solution is evaporated, the oil remains in the tablets and will certainly become rancid if not absolutely putrid.

3rd. I believe that tablets medicated with these substances will soon dry out, and thus the tablets become absolutely worthless, or at least, they will lose that certainty of action so characteristic of specific medicines. Do not come to the conclusion, that because tablets contain the coloring matter, therefore they are good; they may retain their color, and yet for medicinal purposes be worthless.

I have no objection to medicating sugar tablets, discs or pellets, when this is done at the time such vehicles are used. This can often be done with advantage to the patient. But to put up specific medicine in permanent tablet form, to my mind, for reasons above mentioned, would certainly be a mistake.

A Suggestive Case.

BY G. P. BISSELL, M. D., Eureka, Cal.

I have lately had under my care, a case of abortion, which seemed to suggest how moles or false conceptions may be formed.

A married lady, about two weeks pregnant, had occasion to exert all her strength. Feeling different, thereafter, from usual in pregnancy, she consulted me. I diagnosed conception, but she maintained that it was different from usual, to which statement I paid but little attention.

At about four and a half months of gestation I was called, and saw that abortion would occur. In due time the foetus was expelled, but I found the placenta very low, adherent, rough and hard. Failing to detach it, I waited for nature to make some effort. In ten days flooding occurred, and after considerable effort the placenta came away.

The interesting point is this: It was natural in appearance around the edge, but the center was full of holes, hard, and like gristle, for about an inch in diameter; light in color, half an inch thick, and had red veins permeating it. This was the adherent portion.

Once in my young days I was called to a case of retained placenta, and found the vagina occluded by a roll two and a half inches in diameter. Ergot and pressure brought it away. The action of the womb detached it with a tearing sound, audible to all in the room, and distinctly felt by the hand. It was natural in color, but was a solid roll. I have also gotten hydatids from the uterus in my practice. The query is, do such abnormalities form moles? In the recent case, I suppose that the exertion caused the ovum to slip and attach itself lower down. But what caused the peculiar growth of the center?

I ought to have preserved and sent it to the college museum, but had no alcohol nor suitable vial with me.

Emergencies.

BY LILLIA M. LOMAX, M. D., San Francisco.

Acting upon the suggestion of Dr. Tomkins, that physicians should singly write their cases for the benefit of all, I will cite my first case of poisoning. I was young, inexperienced,

and a stranger in a strange city. The patient was my own mother, and it is needless to relate that my fears knew no bounds. She had been suffering from rheumatism, and with all the pride of the young graduate, I wrote prescriptions for her relief; one of these was for a liniment containing stronger ammonia as its principle ingredient. As mother detests medicine, she held her bottle at arms length, poured out and swallowed by mistake, a tablespoonful of the liniment, instead of medicine prescribed for internal use.

I saw turned toward me a helpless, white, suffering face; she could not speak; and in a mute appeal for help, opened her mouth that I might see what she had done, at the same time passing her hand from her throat to her stomach, that I might understand the extent of the deadly work. Her respirations came short and fast, she seemed almost to be smothering to death. To my horror, I saw her lips, tongue and mouth entirely denuded of membrane. Her life was in my hands. I must act, and that quickly. No acid of any kind was at hand, so I gave her oil in large quantities. I gave two grain doses of svapnia every half hour, until my patient was relieved and quietly sleeping, then awoke her every half hour, that I might administer equal parts of glycerine and Fl. Ext. Hydrastis in half teaspoonful doses. I also administered drinks of flaxseed and slippery elm tea. Next day, great shreds of membrane passed her bowels; and yet in three days my patient had completely recovered. The strangest part of all is, that, although she had previously been a frequent sufferer from rheumatism, twelve years have since elapsed and there has been no return of the disease.

I was once called by telephone, to a patient seventeen miles in the country. I made all haste, and upon my arrival, found that my patient, who had been confined two days before, was suffering from retention of urine. To my surprise and great annoyance I found myself without a catheter. The patient was suffering and must have relief. I went to the barn, found a nice straw, broke it at the joint, filed it

smooth and round, cut a couple of openings like those in a catheter, near the end, and—my instrument was perfect.

At another time I was called to see a little child, who had placed in its nose a cherry stone. I had no instruments with me. The mother had, in trying to remove the stone, so irritated the nose, that it was swollen and bleeding. It was but a moment's work to pass a hair pin over the pit—I wear them you know—and draw it away.

A Point in Favor of Specific Medication.

BY O. S. LAWS, M. D., Los Angeles, Cal.

On the 25th of May, 1890, in Olathe, Kansas, where I practiced many years before coming to California, I was called to see Mrs. B. who was reported to be in great agony from an injury by her drunken husband. They were walking together on the sidewalk, and he, in a frolicsome mood, suddenly threw his arm around her waist, and lifted her off her feet and spun around on his heels, and let her down heavily. She was about four and a half months advanced in pregnancy.

I found her at home in great agony. She said, "the waters had broke" and she was about to have an abortion. I agreed with her in the last statement as being inevitable if she was sure the water had come away, which she reaffirmed. So I sat down to await the delivery of the foetus. I had no viburnum with me, and did not send for any, as my only care was a safe delivery without excessive hemorrhage. The pains were agonizing, and at the close of each one she would scream on account of the sharp pain in her back.

Of course, a doctor must do something so I concluded to put macrotys to the test, to see if it would give her any relief. I put half a teaspoonful in half a tea cup of water, and gave her a teaspoonful of the mixture every ten minutes, and was pleased to note the diminished outcry soon after the second dose. I also noticed that as the sharp pain in the back sub-

sided, the bearing down also diminished. The medicine was given at longer intervals gradually extended, and within an hour she rested well. I was surprised and concluded to stop the medicine for a time to see what would be the result.

I waited nearly an hour, and no more pain. So I left the medicine with instructions to use it again if pain returned, and if necessary to send for me. The pain returned an hour later, but was at once relieved by the "drops" as before, as the husband reported next morning, when he came for some more medicine, which was given every two or three hours for a day or two longer.

That was the last I heard of the case till Oct. 12th, when I was present at the delivery of a fine boy. I doubt very much whether any other medicine would have saved that case. It was the only thing done in any way, and its action was prompt and unmistakable.

Abortion and Its Treatment.

BY J. C. ANDREWS, M. D., Santa Paula, Cal.

The term abortion, is used in medical lore to express the loss of the contents of the pregnant uterus at any time preceding the sixth month of utero gestation. Subsequent to the sixth month it would be considered under the head of premature delivery. The causes may be accidental, spontaneous or designed, the latter cause, in shame be it said of many mothers in our land, is apparent and most prevalent.

My experience with these very undesirable cases, warrants me in saying that, however desirable it may be to relieve the uterus entirely of its contents after abortion, that is not always the best mode to pursue. I would not for a moment, in a case of abortion with severe hemorrhage, advocate the thought that we are to wait for nature to expel the contents of the womb, but to use all the remedies and skill at our command to relieve our patient and avert death. But we meet

with cases where it is impossible to secure the secundines, without inflicting more harm and danger, than to pursue a more conservative course.

I am now speaking of cases where the foetus has passed away, and not in those where abortion is simply threatened. To illustrate, I will cite a case that has recently come under my notice.

Mrs. V. aged 42 years, mother of nine children, stout and healthy, aborted from over work, at the second month. When I arrived at the scene of trouble, examination revealed that the foetus had passed with scarcely any hemorrhage, and there was prescribed the following:

R Squibb's Fl. Ergot
 Pond's Ext. Hamamelis - - aa ʒ ij
 Spec. Tr. Nux - - - - - gtts. x

M

Sig. Teaspoonful every three hours, to aid the uterus in expelling its contents. I endeavored to extract the placenta with placental forceps; other means were also brought into requisition with nothing but failure until at the end of the second day, I found I was about to have a formidable case of metritis, in addition to the other trouble on my hands, so I was compelled to change base. The mass was now becoming putrid, the patient dizzy, no appetite, with some fever and everything indicating a funeral.

I now prescribed the following puerperal antiseptic:

R Chlorate Potash, - - - - - ʒj
 Spec. Tr. Arnica - - - - - gtts. xx
 Aqua pura, - - - - - - ʒjv

M.

Sig. Teaspoonful every two hours.

There was also ordered the following intra uterine antiseptic wash; R Asepsin (Lloyd's) grs. viij to grs x, sterilized water one gallon, used as hot as could be borne. This was thrown into the uterus every twelve hours, with no unpleasant results, as to pain and distress, but on the other

hand the fever subsided, appetite returned, and every thing went on well. In using intra uterine washes, the fluid must be warm, and permitted to escape as rapidly as thrown n, which will minimize the danger of shock to the nervous system.

Case second was very similar, except there was more hemorrhage, and the tampon was used to good effect. Subsequent treatment was the same as above described, the results of which were all that could be desired.

I have succeeded in severe cases with the chlorate potash mixture, alone, but I regard the above intra uterine treatment a valuable adjunct.

Much more might be said, but this will suffice for the present.

The object of this article is to show that we are not to use too harsh measures to free the womb from offending material but after using our utmost skill to remove the after birth, and fail, to use the proper antiseptic, both internally and locally, thus assisting nature to free herself of the poison absorbed.

The Abuse of Quinine.

BY A. B. SIMMONS, M. D., West Saticoy, Cal.

For three or four years past, the excessive, empirical use of quinine, both by physicians and the laity in this southern portion of the state, has been a constant source of surprise to the writer. We frequently meet cases wherein unpleasant, not to say deleterious effects of the drug are manifest; cases where the agent has been used, not only when contra-indicated, but in doses or portions sufficient to produce baneful effects upon the nervous system. These conditions were particularly noticeable in patients recovering from the acute stage of la grippe, and who had been subjected to the popular treatment in this part of the state, viz., large doses of

quinine in connection with some one of the coal tar derivatives.

Many of these unfortunates complained for weeks, and in some cases even for months, of distressing tinnitus aurium, cephalalgia and a general condition of malaise, which was noticeably wanting in patients who were fortunate enough to depend upon simple domestic remedies, or who had rational—specific—treatment by a physician.


This empirical use of the agent is not confined to the treatment of influenza, however, as I find that physicians prescribe it, and the people buy and use it in liberal quantities regardless of symptoms or conditions demanding it. As the specific, rational, condition—Periodicity—calling for its exhibition is almost never present in the greater portion of several counties of the state, it is not strange that untoward effects follow its use, in this empirical manner.

During a residence of over seven years in the state, I have not seen to exceed half a dozen cases where periodicity was sufficiently marked to warrant the use of the agent in anti-periodic doses.

As a tonic, it is an excellent remedy in a certain class of troubles, but even then its scope is somewhat limited; we think of it as a remedy in torpor of the sympathetic nervous system, patient complains of feeling dull and sleepy, looks dull, and as we say lacks energy; here we use it with confidence in small doses; if patient is anæmic we combine it with some preparation of iron.

Usually in such cases it is preceded by a few doses of podophyllin 3rd trit., or the remedies may be alternated for a few days.

As a general tonic, however, nux vom, hydrastis, arsenicum in conjunction with the feruginous preparations occupy a larger field in practice.

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Measles, Notes of a Case.

BY LEWIS LEE, M. D., Oakdale, Cal.

Measles was long confounded with scarlet fever, and it is only since the beginning of the last century that it has been recognized as a specific and independent disease. Measles is contagious, but the cause of the contagion is "unknown." Susceptibility to the contagion diminishes with years, and second attacks are rare. The incubatory stage of measles, judging from the epidemic in Australia, and other isolated instances, lasts from ten to twelve days.

Measles may be considered a catarrhal fever, with a characteristic eruption added to it. The eruption appearing first on the face and forehead, and afterwards on the trunk and extremities. The symptoms of catarrh, running at the eyes and nose, cough and sneezing, with great oppression and foul tongue—precede the eruption. The fever which accompanies these catarrhal symptoms indicates that an exanthema will follow. This fever, with a temperature it may be, of 102° F., lasts for three or four days, when an eruption of small circular dots, like flea bites, appears on the forehead spreading to the trunk, limbs and feet. These do not remain distinct, but coalesce, until patches of a reddish color and of irregular shapes cover the parts affected, accompanied by flushing of the face. Thirty-six hours from the commencement of the eruption, the temperature is highest. The eruption lasts three days, and disappears in the same local sequence as it came.


There are two kinds of measles—the essentially mild and the severe.

Of the first variety there seem to be two forms—measles without catarrh, and measles without eruption. The former attacks chiefly young persons, give rise to little sickness, yet effectually destroys the after-susceptibility to the disease. The latter variety is seen during an epidemic of measles, and

we are justified in assuming a person to have it if the catarrhal symptoms are as severe as if the patient had a measly rash, and if the person becomes non-susceptible to the disease.

The essentially severe form of measles, popularly termed "black measles" is generally associated with the hæmorrhagic diathesis. Before or after the eruption of measles, hæmorrhage occurs in various regions; in the skin, causing petechiæ or ecchymosis; in mucous membranes, causing violent bleeding from the nose, or in organs and cavities.

On July 23rd I received a telephone message from Waterford, twelve miles distance from Oakdale, to see Miss Minnie Crow, a young lady, twenty years of age. When I arrived at Crow's ranch, Mrs. Wm. Crow informed me that her daughter had the measles, and they had "gone in". Upon an examination I saw at once I had a very complicated case of measles, pneumonia and perityphlitis. Miss Crow's symptoms were: Patient very restless, pulse, 130; temperature ranging from 100° to 104°. Tongue, white; thirst, with vomiting; pain in right lung; respiration short and hurried; urine scanty, dark, and containing albumen. Stomach, very much distended; pain in right groin upon pressure. Rash, very slight at first, but could feel that shot sensation under the skin; cough, bowels loose, offensive. The young lady's symptoms did not vary during the day, except that I noticed she would become restless about noon, and generally continue so all the afternoon and night. Of course every M. D., has treated scores of measles cases, and in consequence I will not trespass upon your valuable space, but give medicines which were used: Aconite, verat. ver., bryonia, belladonna, dioscorea, ipecac, drosera, with a milk diet and small doses of aq. calcis. The lady made a rapid recovery.

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Migraine, Its Pathology and Treatment.

BY J. G. TOMKINS, M. D., San Francisco.

Migraine is the French term for Hemicrania. Thomas defines it as a severe pain, generally hysterical, nervous or bilious, affecting one-half or side of the head. Romberg regarded Migraine as a neuralgia of the cerebrum; but Hesse observes that the symptoms of this neurosis, are equally compatible with its location in the branches of the fifth nerve distributed to the meninges and bones of the cranium.

However, regardless of its exact seat there is one thing may be said in its favor, it is no respecter of persons, lady of fashion, or drudge of the scullery, greasy mechanic, or literary genius, all are its prey, providing certain hereditary conditions exist which allow it to do its work. It seems to prefer victims from the gentler sex as they are by far the more subject to its attacks. I am now speaking of typical migraine, and not of headache originating in nervousness. In nervous headache, the visceral irritation affects the brain and spinal cord in such a manner as to pervert mental operations from being carried on through their instrumentality. The mischief in them is of such a character as to weaken the power of the nerves sent out by them to the muscles, and to diminish voluntary action, great physical pain not necessarily attending. But in migraine, there is visceral irritation of a different phase, which reflects to the brain, begetting in that organ and the immediate nerves, an irritative action which is exhibited in pain.

Half the women affected with migraine suffer most, at, or immediately after, the menstrual period. Yet there are apart from that, many causes to set its latent power in action, such as mental excitement produced by dancing, reading by an artificial light, or indiscretions in eating. The pain in migraine is periodical, or rather intermittent, or it may be termed a disease of irregularly occurring paroxysms, as the fre-

quency of the attacks cannot be calculated. In typical migraine the attacks do not occur oftener than once a week, but it will be sure to make several in a year. As in the time of its attacks, so in duration, it obeys no law, nor is it subject to any fixed rule.

Migraine may be divided into hemicranial, occipital and diffuse. The intimate condition of a nerve in a state of pain is known to be that of inflammation, the blood-vessels of the nerve substance and of its sheath, are relaxed, engorged, and pressing upon the sentient matter of which the nerve is composed, exciting its sensitiveness to the extent of producing pain. It is true that in many instances no post-mortem trace of change can be detected in the appearance of nerves that were the seat of neuralgia for years before death, but this does not prove that in life there was no disordered circulation present, for, as stated, the disease is intermittent and therefore not likely to alter the vessels of the nerve, as it is only continued functional disease which produces *organic* change.

There is one very noticeable characteristic in typical migraine, that is, it starts from one, or more points, and spreads with great rapidity to the entire cranial surface, being in this respect, as in the time and duration of its attack, but little subject to law, the pain sometimes changing its place, and redoubling its intensity.

In regard to treatment, there is but little to be said to ECLECTICS other than to "fill indications," yet if I should be tempted to write a prescription for a *name*, I would give the following which has never failed me:

℞	Phenacetine	-	-	-	-	3 i
	Spec. Gelseminum	-	-			gtts. xxx
	Syr Rhei et Potassa	q. s. ad	-			3 iv

M.

Sig. Take a teaspoonful every two hours until relieved.

When we have a case of idiopathic neuralgia this treatment will not remove the cause, but may so impress the ner-

vous system that the attacks will be lighter, more diffuse, and less frequent. If the disease arises from insufficient diet, scarlet fever, diphtheria, or is the result of some vice, or any visible cause that can be removed, we will expect more perfect success. Hygiene will be found a valuable auxiliary; a cold bath or douche in the morning, combined with a generous diet, of meat, eggs, fish, milk, and in short all nutritious and easily digested foods; plenty of "nature's sweet restorer, balmy sleep," forbidding all alcoholic drinks, and prohibiting smoking and chewing tobacco, are rules to be carefully enforced.

In conclusion, I will repeat "fill indications;" if we find our patient subject to a diathesis leading to any disease, or, dependent upon a poison in the blood, if the cause be in the kidneys, the uterus, the stomach, or any other viscus, the careful and proper treatment of the one affected, will be the *cure for the disease*. For headaches apart from specific cause, the following will be found useful:

R	Cit. Caffein,		
	Carb. Ammon.	-	- aa ʒ j
	Elix. Guaranæ	-	- fl ʒ i

M.

Sig. Take a teaspoonful every hour or two, till the pain is relieved.

Surgical Notes.

BY M. E. VAN METER, M. D., Professor of Orthopedic and Clinical Surgery in the California Medical College.

Dr. Adamkiewicz, in discussing the antiseptic treatment of brain injuries, says he has found, by experimenting upon animals, that the brain is extremely sensitive to chemical irritants.

He conducted his experiments by injecting an antiseptic solution into the brain tissue. He found that carbolic acid

in solution of the strength of 1 in 200, produced irritant, but not lethal effects; while in somewhat stronger solutions it speedily caused death. Corrosive sublimate always inflicted severe injury upon the brain tissue, even in as weak solution as 1 in 10,000; and is therefore to be condemned as an antiseptic in brain surgery.

Boracic acid in three per cent. solution, was found to be absolutely devoid of injurious effects.

The general deduction is, that the use of both carbolic acid and bichloride of mercury should be avoided in cases of wounds of the brain; while boracic acid can be employed without danger.

* * *

In the treatment of synovitis, if there is an excessive amount of fluid in the joint, aspiration should be resorted to; otherwise the fluid will be likely to degenerate into pus, before absorption of so large amount would take place. After aspiration, the joint should be kept firmly bandaged, as this will prove an important adjuvant in the permanent restoration of the parts.

When there is but a small amount of fluid to contend with, a properly applied bandage is, alone, often all that will be required.

* * *

In osteitis or periostitis, if the inflammatory process does not yield in a few hours, comparatively speaking, to rest and the application of hot, anodyne fomentations, incising the parts should be resorted to. There can be no harm come from an incision, antiseptically made and treated, even though made when not absolutely necessary; while irreparable injury may result from a short delay.

The incision will do but little or no good, unless made freely through the periosteum; and when this is done, it will often afford immediate and marked relief, though there is not

yet a drop of pus formed. The incision relieves the tension directly, and the congestion, indirectly, through the bleeding; which not only gives the patient relief, but will often be sufficient to check the disease.

* * *

One of the latest, and in our opinion the best, methods of treating hydrocele, is to cut down upon the sac and after having made an opening in the same sufficiently large to admit a small swab of cotton; and after the serum is drawn out, the cavity is dried with sterilized cotton, then swabbed thoroughly with deliquescent carbolic acid; a small piece of bichloride gauze is introduced into the opening in the sac, in order to facilitate drainage, and an antiseptic dressing is applied. At the end of twenty-four hours the drainage is removed, and the case goes on to an uninterrupted recovery.

* * *

When suppuration of the glands of Bartholine has taken place, they should be either incised and thoroughly cauterized, or button-holed and packed; otherwise we will have a recurrence of the trouble; as the sac will repeatedly fill, till it has been destroyed.

Congestive Chill. Notes of Cases.

BY E. H. GOYER, M. D., Dayton, Wash.

Some time since, Mrs. R. was taken suddenly ill with what is generally known as a congestive chill. She was delirious in an hour from the commencement of the attack. Upon examination, I found her countenance dull and stupid; eyes heavy and drowsy; skin cold and clammy; wrist without pulse; stomach, painful and tender; bowels constipated; and there was a general twitching of the muscles, showing that convulsions were impending.

Treatment: Compound tincture of lobelia and capsicum (antispasmodic tincture,) and specific tincture of cinnamon, each one dram, every five minutes for three doses; after which the cinnamon was stopped, and the lobelia continued in occasional doses for an hour. Within a few minutes after the first dose, the twitching of the muscles ceased and the pulse became faintly apparent at the wrist. In half an hour the surface began to feel warm, and in an hour vomiting freely took place, and she began rapidly to rally. Twelve hours thereafter, I began giving her quinine and capsicum, of each, ten grains every two hours until three powders were taken; the succeeding day I dismissed the case after prescribing the following pill to be taken daily for a time:

R	Podophyllin,	-	-	gr. 1-3
	Leptandrin,	-	-	gr. 2-3
	Sanguinariæ Nit.,	-		gr. 1-10
	Ol. Menth. Pip.,	-		gtts. 1-5
	Taraxacum, q. s. f. t. pil of three grains.			

Case 2nd. Andrew B. a very robust, powerful man, was suddenly taken with a congestive chill. I found him with countenance dull and heavy; circulation sluggish, the pulse beating but forty-eight times per minute; temperature down to ninety-five degrees.

Treatment: I gave him quinine and capsicum, of each, ten grains, every two hours until four doses had been taken, and then followed with the above compound pill. After waiting for the full effect of the medicine, I found that my patient was worse instead of better, and realizing that something must be done at once, or he would pass into the hands of the undertaker, I gave him a free emetic of the compound powder of lobelia and capsicum, and four hours thereafter prescribed quinine and capsicum, of each, thirty grains, every two hours until four doses were taken.

The patient then rallied and made a good recovery. The doses in this case were much larger than usual, as my patient

was very large and powerful, and tough as a mule, hence the average dose of medicine would make no impression upon him whatever.

A Simple But Effective Cure for Boils.


J. C. ANDREWS, M. D., Santa Paula, Cal.


When it becomes apparent that a boil is inevitable, the parts inflamed, hot and painful, take a small pointed stick, sharp, dip it into pure carbolic acid, and apply to the boil, pressing it well down into the sore. It can be applied the second or third time if necessary, usually but one application, if well done, is needed to abort a boil or furuncle.

I learned this from Dr. Hamlin of Le Moore, Cal., some years since, am pleased to say it has not failed me in a single instance.

No two drugs in the materia medica act in precisely the same way; therefore there can be no such thing as successful substitution. There may be better drugs and there may be worse drugs, but there can not be any "just as good."

A strong solution of sodium sulphate introduced into the stomach through a tube, if the patient is unable to swallow, is reported to be an efficacious antidote in cases of poisoning by carbolic acid.

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MISCELLANEOUS.

Report Concerning the Women Physicians and Surgeons of the Eclectic School of the State of California.

Prepared for the Women's Department of the World's Columbian Exposition.
BY LUELLA STONE, M. D., Oakland, Secretary Alameda Co. Eclectic Medical Society.

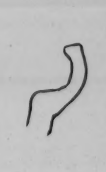
The number of regularly qualified Eclectic physicians practicing in the State of California is four hundred and seven. Of these sixty are women; making a ratio of about one woman to seven men. Compared with the other schools, this would be more than that of the Allopathic, and a little less than that of the Homœopathic school.

Throughout the State, from the thickly populated city to the most remote hamlet, may be found practical, energetic women physicians of the Eclectic school. In the city of San Francisco, twenty are located.

Of the entire number, thirty-three were graduated from the California Medical College. The remaining twenty-seven are graduates of Eastern or European colleges. About one-half the number are collegiate graduates. The first license from the Eclectic Board of Examiners issued to a woman was in 1876.

The women physicians have a good standing in the communities in which they practice, although but few attend to any regular social duties, as most of them, having a large general practice, have but little time for outside diversions.

Their professional standing is on a recognized equality with their brother practitioners. The women take an active part in the State and County Societies, many of them holding important offices. The office of Treasurer of the Board of Trustees of the California Medical College has been held by a woman. The present Secretaries of the San Francisco



and Alameda County Eclectic Societies are women. Both the office of Vice-President and that of Corresponding Secretary of the Eclectic Medical Society of the State of California have been filled by women, and the present Recording Secretary of the Eclectic State Society is a woman. There are sixteen regular contributors to medical periodicals.

Financially the women of this school are holding their own with the foremost. The majority have had great hardships and difficulties to overcome, but, having a solid foundation, a reliable system of practice, and the best of training, with the addition of energy and perseverance, the goal sought for has been attained. The average practice yields an income of from \$5,000 to \$8,000 a year, while some few have a practice bringing them in from \$10,000 to \$15,000 a year.

There are forty in general practice, the rest are specialists; five being obstetricians, eight specialists on children's diseases, and seven having for their speciality gynecology and gynecological surgery.

These few statistics being hastily compiled are necessarily incomplete. Did time permit many more interesting and instructive facts might be presented.

Medical Societies.

Report of meeting of the Alameda County Eclectic Medical Association, Aug. 14 1893, Dr. CHURCH, Vice-President, presiding. Subject, Discussion of Cases.

1st case, by Dr. J. Stark. Woman, 35 years old, suffering with diphtheria and diphtheritic iritis. Habits are not good, and she is addicted to drink. There is seemingly little desire for recovery, refuses to take medicine, and has received little or no care.

Treatment—Used atropine to keep pupil dilated, and salicylic acid and boracic acid solution for topical treatment; also used thapsia plaster around orbit to relieve pain. The throat was painted with papoid solution. Yesterday the

tongue was clean, all symptoms of iritis better, pain gone, and in spite of the lack of care, patient seemed to be improving. To-day the swelling in throat is much worse and tongue nearly black. The eye is better. Doctor had called at the house six times to have the throat properly attended to.

The doctor was advised to give up the case, as the outlook was very unfavorable, unless the patient could receive good and constant care.

2nd Case, by Dr. Church. Young working woman applied for treatment for a bad leg and foot. There is an eczematous trouble on the outer aspect of the ankle, and formerly it was on the inner also. There is some varicose condition of the veins of the foot. Rest and bandaging the foot will relieve the trouble, but as soon as she begins to work the foot becomes irritated and painful. This condition has been present about eight years, and she has been more or less constantly doctoring. Menses profuse, lasting eight or nine days, but not much pain. Examination showed a profuse, purulent, uterine leucorrhœa, very little cervicitis, some granulation of vault of vagina from being constantly bathed in the purulent fluid, and a good deal of sensitiveness.

Is there any connection between the disease of the limb and the uterine trouble?

Dr. Fearn thought there was, and advised treatment for the correction of the blood wrongs, as well as local treatment. Patient has already been given acid sol. of iron.

3rd Case, by Dr. Fearn. Young man, working on a farm. Has been until the last month an inveterate cigarette smoker. Comes of a consumptive family. Has been vomiting for two or three weeks almost constantly. The stomach refuses everything. He is extremely nervous, pulse full, temperature 104° , is always thirsty and always nervous. Has no appetite and not much cough. Treatment, veratrum and Fowler's solution. Little benefit is expected to be derived.

4th Case, by Dr. Stetson. Lady, 30 years old. Hard of hearing, with constant roaring and buzzing in her ears

some days worse than others. Can hear best and is most free from the roaring when riding on the cars. The doctor has not yet made a thorough examination.

As the trouble may be from a variety of causes an examination would be necessary before any line of treatment could be recommended.

Roaring is caused by the extreme sensitiveness of the ear to passage of blood through the enlarged vessels, and depends on the degree of congestion. If the ear be too dry, lubricate through the Eustachian tube. If the drum presses in against the small bones use the Politzer bag.

The question was asked, "What is the value of electricity, therapeutically?"

Dr. Fearn has great faith in electricity, especially for the relief of rheumatic pains, to improve circulation and for the relief of constipation. Uses both Faradic and galvanic and also combination currents.

Dr. Stark uses the positive Faradic current for rheumatic pain, with great success; also for sciatica and neuralgia, and for prolapsus and hypertrophy of the uterus.

Dr. Church's experiments with Faradism have not been so successful. For sciatica and neuralgia the galvanic current is the best thing possible. A large battery is needed, forty or fifty cells, and all on.

L. STONE, M. D., Sec'y.

Columbian Anniversary Volume.

Editor of the California Medical Journal:—

Many inquiries have been made in respect to the forthcoming Columbian Anniversary Volume, which the National Eclectic Medical Association at its recent session in Chicago, ordered to be published. The volume is now in press. A limited edition—simply enough to supply the present and expected new members—has been ordered. The expense will

be much larger than heretofore, because it will be a larger volume. The reliance will be upon the members to meet the exigency. The President, Dr. B. L. Yeagley, has accordingly directed me to transmit to you, a copy of the following resolution adopted by the Association, June 3, 1893, and to request you to insert it in your next issue.

Resolved That the Publishing Committee be and are hereby instructed to select such papers read and presented by title, at the World's Congress of Eclectic Physicians and Surgeons, as they may deem proper; and that in view of the probable increase in cost of the same on account of increased size of the volume, an additional sum, not to exceed one and a half dollars, may be solicited from members of the Association.

ALEXANDER WILDER.

Local Anaesthesia from Aristol.

Several observers have called attention to the soothing effects of Aristol when applied to painful exposed surfaces. This has been especially noted when Aristol has been employed as a dressing for burns, bed-sores and discharged blisters, or from irritating ulcers. At the same time the analgesic action of Aristol does not interfere with the strong healing power necessary to a prompt cicatrization of denuded areas, while it seems to favor the growth of normal, granulating surfaces. It is not easy to say just how far the power of Aristol as a local anæsthetic may be made useful in the operations of minor surgery, but some recent experiments point to a probable, new field of usefulness for this remedy in the direction cited. The following paragraph from the Kansas Medical Journal is quite significant as showing that the advantages of Aristol as an analgesic have not passed unobserved; "Dr. S. M. Riggs, of Muscotah, has made some interesting experiments in the use of Aristol as a local anæsthetic. A hypodermic injection of a solution in glycerine was

made on a kitten with the result of complete local anæsthesia. The animal made no resistance to a cutting operation, and was apparently unaware of being injured."

The advantages of using as a local anæsthetic, the same drug which was afterward to be applied to the operation wound as a cicatrisant, would of course, be very important.

Phenol-Bismuth, Cresol-Bismuth, Betanaphthol-Bismuth, Tribromphenol-Bismuth, Pyrogaliol-Bismuth.

In a paper, published in the "Archives des Sciences Biologiques" Vol. II. No. 2 Dr. M. F. A. Jasenski reports experiments, made in Prof. Nencki's laboratory, at the St. Petersburg Imperial Institute for Experimental Medicine. As the results, derived from these experiments, Dr. Jasenski publishes the following conclusions:

1. Phenol-Bismuth, Cresol-Bismuth and Betanaphthol-Bismuth, when introduced into the stomach, are decomposed by the gastric juice into Phenol, Cresol or Naphthol on one hand and Bismuth on the other; some of the preparation which has not had sufficient time to be decomposed in the stomach, passes on into the intestine where the conditions are also favorable to its complete decomposition on account of the acid reaction of its contents and the presence of the pancreatic juice.

2. Phenol & Cresol, after being separated from the Bismuth, are absorbed completely by the intestine and eliminated with the urine in the form of sulfocarboic or Crosylic Acid, or combined with glycouric acid; naphthol, on the other hand, is only partially eliminated with the urine, the remainder passing through the whole digestive canal and being excreted with the fæces.

3. Bismuth is almost completely excreted with the fæces (96.4 per cent.) as Sulphide of Bismuth, none of it being found in the urine. This is different in the dog, as the gastric juice of this animal contains much more hydrochloric acid

than that of man. A small quantity of Bismuth, therefore, is here transformed into the soluble chloride, reabsorbed and eliminated with the urine, while the greater part passes away with the fæces in the form of sulphide as in the man.

4. In spite of the toxic properties of the Phenols, etc., none of the three preparations has had the least injurious effect, although they were administered for three weeks in daily doses of 5, 0 Gms (75 grains) to man, and of 10, 0 Gms (150 grains) to dogs. This is probably due to the slow separation of the Phenols etc., from the Bismuth.

I had previously shown by various observations that all combinations of the Phenols with Bismuth, always arrest the development of bacteria, if they do not actually kill them; these results, together with those detailed above, certainly justified me in assuming that these preparations would have a beneficent influence in various diseases of the gastro-intestinal tract, more especially in those which are caused (Typhoid fever, Cholera asiatic,) or those which are prolonged (Chronic intestinal catarrh) by the action of micro-organisms. Thus, I deemed it advisable to try these preparations on patients suffering from those diseases. Prof. Pasternatski, whom I approached on the subject, was kind enough to permit my making these trials at his clinic; there I have made, under his supervision, a series of observations the result of which will be succinctly stated forthwith.

Six cases of acute gastro-intestinal catarrh were cured within from two to five days after having taken from 1.0 to 3.0 Gms. (15 to 45 grains) daily of Phenol-Bismuth and Betanaphthol-Bismuth.

In a case of acute proctitis, Phenol-Bismuth was given in enemata 2.0 Gms. (30 grains) to 60.0 Gms. (2 oz.) of water—the patient being completely cured after the administration of two enemata on two consecutive days.

In a majority of cases of chronic intestinal catarrh, even in those of several month's standing, Phenol-Bismuth and still more Betanaphthol-Bismuth had a very beneficent ef-

fect. One case out of five did not give satisfactory results. I prescribed for those patients daily doses of from 3.0 to 4.0 Gms. (45 to 60 grains). It is easily understood that in this latter group of cases the treatment was of somewhat longer duration. One patient who had suffered with intestinal catarrh for a year, who had severe colicky pains and from three to four diarrhoeal passages a day, was in a very weak condition; he was cured within one month's time by the administration of from 2.0 to 3.0 Gms. (30 to 45 grains) of Phenol-Bismuth daily. I have seen this patient three weeks after his discharge from the hospital; he felt perfectly well, neither the diarrhoea nor the pains having returned. He had the appearance of being entirely cured; he had gained flesh and had red cheeks. As he was afraid of a relapse, he continually observed a strict diet. I have had the identical good result with Betanaphthol-Bismuth in a patient with chronic intestinal catarrh. Two patients with cirrhosis of the liver who complained very much of diarrhoea and abdominal pains were also successfully treated with Phenol-Bismuth and Betanaphthol-Bismuth. One of them left the hospital before the diarrhoea had completely ceased, while the other, after from 12 to 15 days treatment, did not complain any more of diarrhoea and pains. A case of cancer of the stomach with eructations and vomiting, I succeeded to benefit greatly by combining stomach washing with the internal exhibition of from 0.5 to 2.0 Gms ($7\frac{1}{2}$ to 30 grains) of Phenol-Bismuth. The distressing symptoms disappeared then, while washing out the stomach had not been able to effect this. Unfortunately I have not been able to continue these clinical observations; yet the results obtained encourage me to hope that the use of combinations of the Phenols, etc., with Bismuth will give excellent results in the treatment of acute and chronic diseases of the digestive canal as well as in the various infectious diseases, such as Typhoid fever, Cholera, etc. Certainly these results will be better than those obtained with the

older preparations of Bismuth which have so far been in general use.

Tribromphenol-Bismuth has been recommended by Prof. Hueppe in a paper, published in the "Berliner klinische Wochenschrift" 1893 No. 7 as a specific against Cholera Asiatica. It is described as a yellow, neutral, insoluble powder, destitute of odor and taste, nearly non-poisonous, indifferent to mucous membranes and the organs of digestion. It contains 49.5 per cent of Bismuth oxide besides 50 per cent of tribromphenol. The daily dose for adults is 5 to 7 Gms. ($1\frac{1}{4}$ to $1\frac{3}{4}$ drs.) given in single doses of $\frac{1}{2}$ Gm. ($7\frac{1}{2}$ grains.) Tribromphenol-Bismuth it is said possesses powerful bactericidal properties, probably uniting the cholera-poison with the Bismuth, and transforming it into a non-poisonous and non-absorbable substance, and it protects the denuded intestinal mucous membranes against the development of the cholera-bacilli. Betanaphthol-Bismuth has also been designated by Hueppe as a most powerful intestinal antiseptic. It contains 80 per cent of bismuth oxide. It is a neutral, brown, odorless, non-caustic powder, insoluble in water and decomposed into its component parts in the intestine, the Betanaphthol being absorbed and discharged with the urine, while the Bismuth is evacuated with the stools. The dose is 1 to 2 Gms. (15 to 30 grains.)

Pyrogallol-Bismuth is the most remarkable of these various bismuth compounds. It has the advantage to resist the action of acids, while it dissolves in alkaline liquids, the intestinal juices more especially.

College Notes.

—We have had a number of very interesting cases in the surgical clinic of late. Prof. Van Meter has charge of this important branch and his efficiency and interest in the students, is highly appreciated. If we go out from the College and make mistakes, after such instructions as we receive, we

must certainly blame ourselves and not our Alma Mater.

—A few days ago, a gentleman came to the College with the thumb of the left hand badly mashed. Drs. Fearn, Foreman and Field, seniors, assistants for the month in the surgical chair, examined it and at once went to work. Chloroform was administered, and as the bone was so badly crushed an amputation had to be performed near metatarso-phalangeal articulation. This was quickly and neatly done, and such a success, that even a professor need not be ashamed to be called the father of such work.

—We have had a large number of visitors during the two weeks of school in August. Nearly every day one or more have attended some of the lectures and all highly commend the school, and express their interest in its progress.

—Among others who have visited the school this month is Dr. J. R. Redman, an Eclectic physician from Nevada City, Cal.

—The students are spending their vacation very pleasantly. Some will visit their homes, and enjoy the associations of friends and relatives, and who knows but there may be still greater attractions for others. However, we wish them all a happy time, and hope to see them in their accustomed places on August 28th, refreshed physically and mentally, and with new resolution to succeed.

—John R. Fearn spends his vacation in rustication at Lake Tahoe, Donner, and other places of interest in that locality. His health has not been as good as usual, of late, but we hope to see him much improved on his return.

—Postponed. That the attention of Congress and the country at large may not be diverted from considering measures for the relief of the wide-spread financial stringency, the college entertainment announced in our last notes, for Sept. 1st, has been postponed until further notice. The seniors are nothing if not patriotic.

LA FEMME.

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

Any advertised location in this JOURNAL that has been filled, please notify the secretary, that its publication may be withdrawn.

The following locations have been sent in for publication:

MONTEREY—No Eclectic located in the place. Chance for a good office over a bank. Dr. A. E. Colerick, of Pacific Grove, going East. will recommend his patients to an industrious, sober Eclectic physician.

MAPLETON, KANSAS—Dr. Thomas Feemster; wishes to sell or exchange with parties living in California, good location. Terms upon application to the party.

FOLSOM CITY—Dr. C. M. Slayback will turn a very desirable practice over to the physician who will purchase house-hold goods, fine driving horse, buggy and office furniture for \$600.00. Active practice immediately.

SATICOY—Dr. J. W. Rue. Practice worth \$4,000 a year. Will sell the same and 5 room Queen Ann house, 2 large lots, barn, out-houses, etc., for \$4,000. House alone worth \$5,000. Grounds beautifully decorated, exquisite view of ocean and valley. Reasons for selling: Retiring from practice and going East. Excellent chance for an honorable and energetic man. Chance good for sixty days. Address Dr. J. W. Rue. Saticoy; or C. E. Day & Co. 121 S. Broadway. Los Angeles, Cal.

WALNUT CREEK—No Eclectic in the place. Population of town 400. Large surrounding country. One physician in the place; intemperate. Dr. J. W. Huckins of Danville, will do all he can too assist the new-comer.

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

OAKDALE—Dr. L. Lee wishes a partner. He has been in place sixteen months. First twelve months made over \$3,000. For particulars apply to secretary.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

DOWNIEVILLE—A practice amounting from \$2,400 to \$3,000 for sale, for \$200 cash. For full particulars' address C. Z. Ellis, M. D., Downieville, California.

SMARTSVILLE—A practice of \$3,000 per year, left vacant by the death of Dr. Tift, last February. For further particulars, address J. L. Coombs, M. D., Grass Valley, California.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly.

J. C. FARMER, M. D., Sec'y.

921 Larkin St.

San Francisco.

Prof. M. E. Van Meter has been over-worked of late and out of health, hence in this JOURNAL, our readers will miss the full quota of editorials he has been accustomed to furnish. A surgeon's life is full of the care that brings early wrinkles and gray hairs, but we trust that with a little rest, next month will find the doctor again at the desk, strength renewed, and with his familiar gold pen.

Prof. F. Cornwall has in press a pamphlet on "Nasal Catarrh." This is a subject in which, unfortunately, the majority of the people on this coast are personally interested. As the doctor speaks with the authority conferred by scientific attainments and years of successful practice, his words will be received with unusual interest by all.

WANTED—A Gynæcological Chair. State how long in use, make and price.

Address

Box 206,

Oakdale, Cal.

EDITORIAL.

Our Journal.

To all our Friends:

The friends of our Journal have been so prompt in rendering assistance, that although not quite on time this month, still, "we are near it—very near it." So near, in fact, that we have demonstrated the possibility of keeping up with the procession in future, and in this particular, look for no further trouble. This is an important victory, and in the language of the most illustrious of the early settlers of our Western states, we feel like exclaiming, "We've killed the bear, Betsy!"

It affords us great pleasure to introduce several new contributors to our friends this month, and although to do so we have had to hold several good papers from old friends back until next issue, still we hope their authors will have patience, and even rejoice with us that we have the real novelty of dealing with a surplus instead of a deficit. We will give all a chance. Keep the pigeon-holes crammed, friends, we shall do better work if instead of begging, we have only to say—"next!"

Several conveniences have crept into our office of late; the one we expect to derive the most pleasure from is a beautiful, new subscription book. It is substantially bound, with broad leaves, and is so ruled that one line contains the subscriber's name, and the next his address, and there are spaces to show when his subscription begins and ends.

Now this is for our paid-up subscribers. There can scarcely be a mistake in mailing their journals, for everything is so roomy and plain. But for those who have owed the office so long "that the memory of man runneth not to the contrary"—

well, it is a shabby looking affair that holds their names! It is old, soiled, thumbbed, dog-eared, with narrow spaces and cramped and illegible writing. Of course, their journals go astray half the time.

The new book will hold the names and addresses of sixteen hundred paid-up subscribers. It must be filled before the meeting of our State Society in '95. There is a place set apart for our Homœopathic brethren, and one for our brethren, the "Regulars." In fact, there is room and welcome for all our friends. Some are there already. Please see to it that in the subscription department, as in the matter of contributions, we shall only have to keep saying—"next!"

M.

A Webster, on a Tour.

Professor Webster, of our College, is getting ready to visit the states of Washington and Oregon, and we bespeak for him a cordial reception. He will be at Seattle, to meet the Washington State Medical Society, on the 20th of September, and from there, will visit the physicians in other parts of the State.

A date will be made with Dr. Mott of Salem, Oregon, when he can meet the Oregon physicians.

Our Professor Webster is an entertaining and convincing speaker, and we expect that he will rouse our northern brethren to activity. There should be closer relationship between the Eclectics of the Coast. They should know one another better, and we hope that this is only the beginning of a series of pleasant visits between physicians of the Sound and the Bay.

D. M.

Be Present.

In the August number of the JOURNAL, the president of the State Society called attention to the necessity of being in

attendance at the next regular meeting, November 22nd and 23rd. We fully agree with him, and hope to see the largest gathering of our school that has ever met on this side of the Rocky Mountains. Every licentiate of our Board should make special efforts to be on hand. It is their absolute duty to attend to this matter. They have received favors from the society, without which they could not practice their profession in the State, and the least they can do is to assume their part of the responsibility.

We should have no Laodiceans, but all stalwarts ready to do battle in the front ranks. If there ever were a time when action and union of purpose were needed, it is now. We cannot ignore the fact, that had it not been for the alertness of a few, our school would have been crushed during the last legislature. Rally, to our November meeting.

We suggest that the president, in the name of the State Society, issue invitations to our brethren in all the states and territories of the Pacific Coast. Now is the time to form a Pacific Coast Association, and bind together in closer union those of us who believe in the Eclectic principles and practice of medicine. Few of us attend the National; but many might be induced to join a Pacific Association.

Our climate and our interests are distinctively different from the East. We form a people by ourselves, having interests in common, and we should unite not only for the purpose of promoting the science of medicine, but, for mutual protection against unjust legislation. Let us hear from others on this question.

D. M.

Ho! for the World's Fair.

The ground has been broken: The Fair is assured: A great concourse of people gathered in Golden Gate Park, on Thursday, the 24th inst., to witness the beginning of one of the most important events in the history of California. The day was glorious, a genuine California day. Business houses

were closed, and schools were dismissed, and it was a veritable "gala" day. People of every class and station in life turned out *en masse*, and the occasion was hailed as a day of deliverance from the financial distress, now pervading the Pacific Coast.

Now that the Fair is assured, and there can no longer a doubt exist that we will have many visitors to our city during the coming winter, we wish to again urge upon Eclectics of San Francisco, the necessity of making suitable arrangements for entertaining our friends who may visit us during the winter.

We trust that this important matter will not be forgotten, and that all who come to our State meeting, will come full of suggestions, and ready to act in this matter. While the Fair is booming everything else, let us use it to boom the cause of Eclecticism on this Coast. No doubt many will be favorably impressed with our climate; but it is an old and true saying, that we cannot *live on climate*; hence we must not depend alone upon our glorious climate to keep a desirable number with us: But we must make our cordiality equal to our climate. We must make them feel that we have both a good country to live in and good men to associate with. Then will our State fill up with Eclectics; our school will grow and our cause prosper. v.

BOOK NOTES.

DYNAMICAL THERAPEUTICS. A work devoted to the Theory and Practice of Specific Medication, with special reference to the newer remedies, with a clinical index, adapting it to the needs of the busy practitioner. By HERBERT T. WEBSTER, M. D., Professor of the Principles of Medicine and Pathology, formerly professor of the Theory and Practice of Medicine in the California Medical College (Eclectic), San Francisco; assisted by J. U. Lloyd, Ph. D., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati; and Kent O. Foltz, M. D., Akron, Ohio.

This long-promised book will be ready for delivery the first week in September. It is nearly through the press (at this writing), and the binder has anticipated this by preparing the covers in advance, so that the work will be finished very near the first of the month.

It has been the design of the author to present to the profession all that is well known about the individual action of drugs, not opposed to normal processes; cathartics, emetics, expectorants, diuretics, and other old-classified drugs have

been omitted, as such. The classification of remedies according to parts influenced, will, it is believed, facilitate the study of positive therapeutics, and aid the student in memorizing the special or specific uses of individual agents.

It will be found that this work is not a rehash of old authors or ideas, but that it presents in an original and attractive form a study of a large portion of the materia medica of to-day, in such a manner as to sift the chaff from the grain and present the salient points—the important properties of single remedies—so clearly that he who runs may read. Special pains have been taken to present the characteristics of those remedies which have not heretofore appeared in our works, fully—the newer remedies now becoming popular with our practitioners, as *echinacea*, *passiflora*, etc. While care has been taken to present the views of many of our best practitioners on these subjects,—giving credit so far as possible—the author has added the results of his own experience, and offered suggestions which will be found of the service, especially to the beginner in practice.

An important feature of the work is a brief resume of the practice of *Suessler*, with the twelve tissue remedies. These have been comprehended under the title, "The Inorganic Proximate Principles," and will supply to the student all the information necessary that he may become acquainted with the theories and practice of the *Suesslerian* school. This doctrine comes nearer to specific medication than to any other proposition in medicine, in spite of the fact that homœopaths have appropriated the doctrine as a part of their scheme in therapeutics. But homœopathy and *Suessler's* doctrines can never be reconciled; either one must be wrong and the other correct, or vice versa. Not so with the theory of *Dynamical Therapeutics*; the remedies of *Suessler's* therapy belong in its classification, in all consistency, and the work under consideration has taken the initiative—among Eclectic text-books—in presenting a brief notice of the subject.

While *Dynamical Therapeutics* will not be found a complete materia medica in the strict sense of the term, it will be better than many works of this kind, as it is devoted expressly to the positive therapeutic action of drugs, without reference to synonyms, botanic description, history, physical characteristics, etc. The space in the work is devoted to the practical part of the subject, and not to a rehash of subject matter with which our works of the kind are too often

padded. It will be found exhaustive upon that portion of the materia medica which is important in a practical sense, thus avoiding much of the verbiage that has clung to this subject for so long.

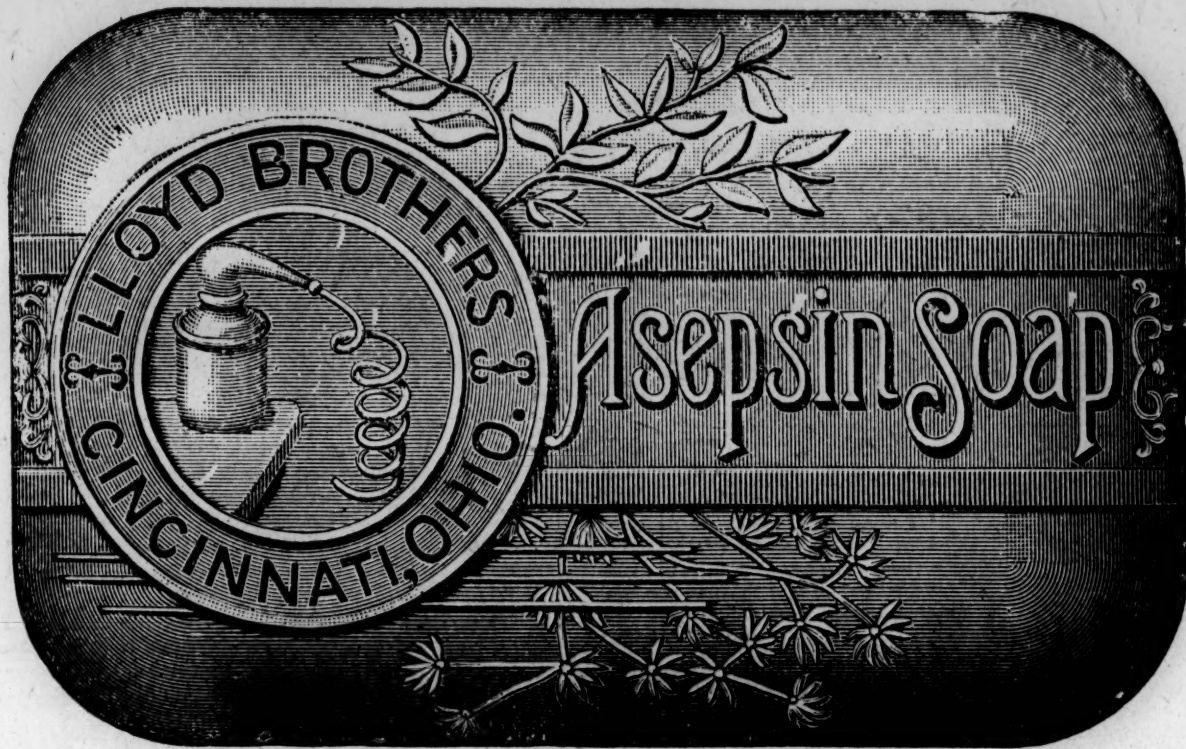
Another very acceptable feature of the work is an exhaustive Clinical Index, which is so arranged that names of diseases are given prominence in large type, while the remedies applicable are set in small characters, thus combining condensation with facility of reference. However, even with this arrangement, nearly forty pages are devoted to index, thus insuring a very complete canvass of the catalogue of diseases.

The work on Principles constitutes the first part of the book, but it has been overhauled and revised since its first publication, and contains a chapter on Practical Pharmacy by Professor Lloyd, which is of value in itself. The departments on the eye and ear have been written by Kent O. Foltz, M. D., of Akron, Ohio, one of the most successful oculists and aurists of the present time, and a well-known contributor to our current medical literature on the therapeutics of these specialties. It is enough to remark that for several seasons Dr. Foltz has taken charge of the Harlem Eye and Ear Infirmary, and of a large clinic in the Manhattan Eye and Ear Hospital in New York City. When the merits of an Eclectic are thus recognized by the old school they speak more than volumes could from any other source. But Dr. Foltz's skill in the therapeutics of the eye and ear have been also attested by some of our best practitioners, so he does not come before us unknown or unvouched for as an authority on these subjects. All in all the book will be found just what every enterprising Eclectic physiician needs at the present time, to stand in the front rank of modern therapeutists. Doubtless it contains many suggestions which may not seem to endure the test of trial, but it must be recollected that therapeutics are not yet perfect, and that more than one trial is due any proposition in this branch before there is justification in condemnation.

The book is handsomely bonnd in medical leather, and also in black cloth, and will be sold at the prices of five dollars for cloth, and six dollars for leather binding. At these prices it is cheaper than the average medical work, as it contains over eight hundred and fifty pages of material that is new, practical and useful.

Published and for sale by H. T. WEBSTER, M. D., Oakland, Cal.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhins poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my sufferer was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**



“That
is the
very
defect
of the
matter,
Sir.”

(Merchant of Venice.)

THE Primary inability of the child's gastric secretion to properly digest its nourishment is the initial cause of Cholera Infantum in almost all cases. The trouble usually commences as a functional dyspepsia, which results, secondarily, in a true inflammatory process. Lactopeptine, by remedying this “very defect of the matter,” places the little patient in a better position to allow nature to resume her benignant sway. Lactopeptine is prepared in accordance with nature's laws and contains, in the natural proportions, all the agents which she employs in the digestion of foods.

Send for
“LACTOPEPTINE CALENDAR,”
1893-'94.

The N. Y. Pharmacal Association,
YONKERS, N. Y.